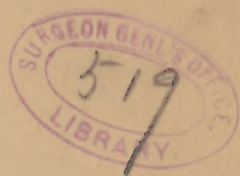


DA COSTA (J. C.)

*Absence of the vagina*

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**ABSENCE OF THE VAGINA, WITH HEMATOMETRA FROM RETAINED MENSES.**

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ATRESIA of the vagina, although not common, is still occasionally met with, but cases of absence of the vagina are very rare. The history and result of operation in the following case may, therefore, prove not uninteresting.

S. M., a negress, fourteen years old, was brought to me April 13, 1893, by her mother, who stated that the girl had been ill for some months. The girl was evidently losing flesh, and her face was expressive of intense suffering. Questioning elicited the statement that she had never menstruated and that all of her pain was in the lower part of the abdomen and pelvis. She had been perfectly well until the fall of 1892, when she was seized with severe abdominal pains, lasting three or four days, then passing away, but returning in three or four weeks. From that time she had never been free from pain, day or night, and the abdomen had been gradually increasing in size.

A look at the girl verified her statement. Her figure was that of a woman. The breasts were well filled out and the hips well rounded.

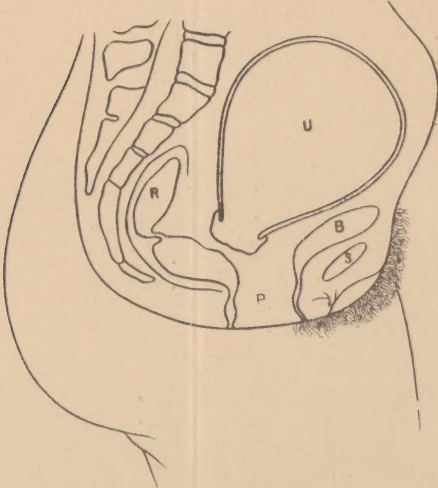
Examination of the abdomen showed the lower part to be occupied by a tumor about the size of a uterus in the fifth or sixth month of pregnancy, although the shape was different. The tumor was not the pear-shaped en-



largement of pregnancy, but was nearly round, dipping well down into the pelvis; it gave evidence of fluctuation, and felt like a thick-walled cyst.

Examination of the vulva, or rather for the vulva, showed no vulva at all. The whole space from the

FIG. I.



Condition before operation.

U, distended uterus. B, bladder. P, perineal body. R, rectum.  
S, symphysis pubis.

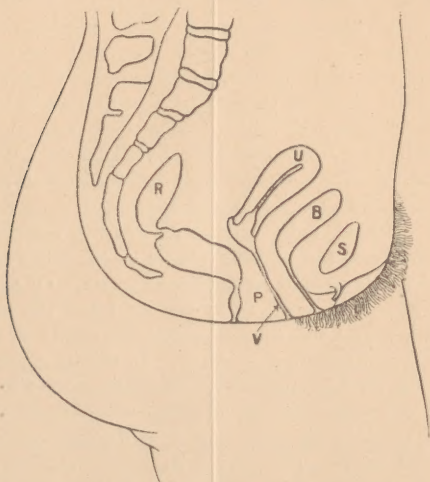
urethra to the anus was a firm, fleshy mass, without any sign of either hymen or vagina. It was smooth, without any discoloration or bulging such as is seen in cases of imperforate hymen, and was free from inflammation or tenderness.

Rectal examination showed, at a full finger's length from the anus, the presence of a fluctuating mass between

the rectum and the bladder, and indistinctly there could be felt something suggesting a uterine cervix.

From the examination, a diagnosis was made of absence of the vagina with hematometra from retained menses.

FIG. 2.



Condition one year after operation.

U, uterus. B, bladder. P, perineal body. R, rectum. S, symphysis pubis. V, newly made vagina.

An operation was decided on, and performed two days later, on April 17, 1893. With a large, slightly curved sound in the urethra and a finger in the rectum as guides, a good-sized incision was made transversely below and carried up parallel with the urethra, using the knife and scissors for cutting and the finger for tearing, until a distance of more than two and a quarter inches was reached, when the finger detected slight fluctuation.



A good-sized trocar was then plunged through the tissues, the opening quickly enlarged with dilators, and the large mass of retained menses evacuated. Some of the matter had to be broken and detached before it could be dislodged or washed out by the antiseptic douche that was used.

Antiseptic douches were used daily for a while, and after two or three days a glass Sims plug (second size) was inserted, as the cut made was so large that the smallest plug dropped out. Larger plugs were inserted at intervals of two or three days, and in a short time the girl was discharged, well. I have seen and examined her within a month (more than a year after the operation), and she remains perfectly well, is plump, well rounded out, bright and cheerful, and menstruates regularly every month, without pain. She still wears the largest size Sims plug, and the opening shows no tendency to close.

The case presented certain peculiarities. One was the shape of the cervix. In a case of labor the cervix is obliterated, and the finger detects no cervix at all, but only a round hole in the uterus. In this case the shape of the cervix was preserved, and the part felt like a hollow cylinder, with an opening of perhaps an inch and a quarter in diameter and a wall about one-quarter of an inch thick. The cervix has never closed, as that of an ordinary uterus does after being emptied, but remains open, with an inside diameter of about an inch.

Secondly, the divided parts are not covered by healthy mucous membrane, as I hoped they would be, but appear very much like the inner wall of a cyst. The incision shows no tendency to close, as usually occurs in such cases.

It is fortunate that in view of the great accumulation and distention, no injury happened to the tubes, ovaries, or other adnexa of the uterus.



